MISSISSIPPI DIVISION OF MEDICAID

Public Comments

State Plan Amendment (SPA) 26-0011 Inpatient Upper Payment Limit

Comments received from the Mississippi Hospital Association - T. Richard Roberson

MISSISSIPPI HOSPITAL ASSOCIATION

Via Electronic Transmission

July 15, 2026

Ms. Cindy Bradshaw, Executive Director
Office of the Governor, Division of Medicaid
450 High Street, Suite 1000
Jackson, Mississippi 39202

Dear Ms. Bradshaw:

On behalf of the Mississippi Hospital Association, I write to seek clarity regarding the proposed SPA 26-0011. MHA is supportive of ensuring that all supplemental payment models are fair and transparent. We have also supported stability and predictability for such models.

SPA 26-0011 diverts funds from general acute care hospitals to Long Term Acute Care Hospitals ("LTAC") and Rehabilitation ("Rehab") hospitals within the private hospital class by carving out a new class of hospitals to receive UPL funding. The SPA message indicates that the change is budget neutral. We understand this to mean that SPA 26-0011 is not adding new funds - in fact, it appears the overall UPL pool will shrink significantly. Rather, SPA 26-0011 redistributes UPL funds currently paid to other hospitals to LTAC and Rehab hospitals. We have viewed the online publication of the 2027 Inpatient and Outpatient UPL Allocations and it appears the Division has only changed the percent allocation within the private ownership group between the LTAC/Rehab and non-small rural hospitals. If we have misread the SPA, please let us know.

With that understanding, please explain how the Division arrived at the percent allocation within the private class for LTAC and Rehab hospitals and why the weighting factor was adjusted from 2 to 10. Also, please explain what factors the Division will use to determine whether the percent allocation and weighting factors may change in future years. Please confirm that the Division did not remove rehabilitation inpatient bed days from the UPL calculation for hospitals not designated as LTAC or Rehab. Is the Division reviewing the disparity between the inpatient payment per bed day across the various classes and types? Better understanding these factors

will allow all hospitals to better budget and plan for their future.

Thank you for your response to these questions and thank you for your work on behalf of Mississippi hospitals. As always, MHA is willing to assist the Division regarding any issues impacting hospitals.

Sincerely,

T. Richard Roberson
President/CEO

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